



2016 Behavioral Health Rx Review Guide

If you or a family member covered under your health plan is living with a behavioral health disorder or mental illness, knowing the cost of medications can help you make a more informed decision when selecting a plan.

This guide developed by the District of Columbia Department of Insurance, Securities and Banking provides an overview of several commonly prescribed drugs used to treat depression, anxiety, attention disorders, and other common diseases or disorders. For each insurance company offering plans for sale on DC Health Link, the chart on the next page depicts the name of each drug along with the corresponding drug formulary tier.

Each insurance company uses different language to explain its drug tiering. Reference the chart on the next page alongside the Summary of Benefits and Coverage (SBC) for your potential plan to get an idea of your out-of-pocket prescription cost. Generally, the key below the chart displays tiers from least expensive (often generic drugs) to most expensive (often specialty drugs). Once you have identified the cost-sharing tier for each drug, use the corresponding SBC for each plan on DC Health Link to find the actual out-of-pocket cost-sharing of the drug.

In rare cases, a drug on one company's higher cost tier (e.g., Non-Preferred Brand) may in fact cost less than the same drug placed on another company's lower cost tier (e.g., Preferred Brand). As you consider different plan options, also check your SBC to see whether your cost-sharing on prescription drugs will apply before or after you reach your deductible.



		Aetna		CareFirst		Kaiser		United	
Name (Generic)	Name (Brand)	Generic	Brand	Generic	Brand	Generic	Brand	Generic	Brand
Antidepressants / Serotonin Reuptake Inhibitors (SSRI)									
Fluoxetine	Prozac / Sarafem	G	NP	G	NP	G	NP	G	Not Covered
Citalopram	Celexa	G	NP	G	NP	G	NP	G	Not Covered
Sertraline	Zoloft	G	NP	G	NP	G	NP	G	Not Covered
Paroxetine	Paxil	G	NP	G	NP	G	NP	G	NP
Escitalopram	Lexapro	G	NP	G	NP	G	NP	G	NP
Antidepressants / Serotonin and Norepinephrine Reuptake Inhibitors (SNRI) and Other									
Venlafaxine	Effexor	G	NP	G	NP	G	NP	G	Not Covered
Duloxetine	Cymbalta	G	NP	G	NP ^o	G	NP	NP	Not Covered
Bupropion	Wellbutrin / Zyban	G	NP	G	NP	G ^o	NP ^o	G	Not Covered
Anti-Anxiety / Benzodiazepines									
Clonazepam	Klonopin	G	NP	G	PB	G	NP	G	NP
Alprazolam	Xanax	G ^o	NP ^o	G	PB	G	NP	G ^x	Not Covered
Lorazepam	Ativan	G	NP	G	PB	G	NP	G	Not Covered
Buspirone	Buspar	G	Discontinued	G	Discontinued	G	Discontinued	G	Discontinued
Stimulants / ADHD Treatments									
Methylphenidate	Ritalin / Concerta	G	NP	G	NP	G	NP	G ^o	NP ^o
Amphetamine	Adderall	G	NP	G	NP ^o	G	NP	G ^o	Not Covered
Dextroamphetamine	Dexedrine	G ^o	NP ^o	G	NP	G	NP	NP ^o	NP ^o
Lisdexamfetamine Dimesylate	Vyvanse	N/A	PB	N/A	PB	N/A	NP	N/A	PB ^o
Atomoxetine	Strattera	N/A	PB	N/A	PB	N/A	NP	N/A	NP
Clonidine	Catapres	G	NP	G	PB	G	NP	G	NP
Guanfacine	Tenex / Intuniv	NP	NP ^o	G ^o	PB ^o	G	NP	G	NP
Antipsychotics									
Chlorpromazine	Thorazine / Largactil	G	NP	G	Not Covered	G	N/A	G	NP
Haloperidol	Haldol	G	NP	G	Not Covered	G	N/A	G	NP
Perphenazine	Trilafon	G	NP	G	Not Covered	G	NP	G	N/A
Fluphenazine	Prolixin	G	NP	G	Not Covered	G	NP	G	N/A
Risperidone	Risperdal	G	NP ^x	G	NP	G	NP	G	Not Covered
Olanzapine	Zyprexa	G	NP ^x	G	NP	G	NP	G	Not Covered
Ziprasidone	Geodon	G	NP ^x	G	NP	G	NP	PB	Not Covered
Aripiprazole	Abilify	G	NP ^x	G ^o	NP ^o	G	NP	PB	Not Covered
Paliperidone	Invega	NP	NP ^x	G	NP	G	NP	NP	Not Covered
Lurasidone	Latuda	N/A	PB ^x	N/A	PB	N/A	NP	N/A	NP
Mood Stabilizers and Anticonvulsants									
Lithium	Lithobid / Eskalith	G	NP	G	NP	G	NP	G	NP
Carbamazepine	Tegretol	G	PB	G	NP	G	NP	G	NP
	Equetro	G	NP	G	NP	G	NP	G	NP
Lamotrigine	Lamictal	G	NP	G	NP	G	NP	G	NP
Oxcarbazepine	Trileptal	G	NP	G	NP	G	NP	G	NP

Note: Formularies are subject to change during the plan year. Please contact your insurance company for the most up to date information.

Key				
	Aetna	CareFirst	Kaiser	United
G	Preferred Generic	Generic	Generic	Tier 1
PB	Preferred Brand	Preferred Brand	Preferred Brand	Tier 2
NP	Non-preferred generic/brand	Non-preferred brand	Non-preferred brand	Tier 3
SP	Preferred/non-preferred specialty	Specialty	Specialty	N/A

^x Step Therapy is required, carrier may require the use of a more cost-effective or safer drug before progressing to other more costly or riskier drugs.

^o Prior Authorization: This drug requires pre-authorization for the insurance company.



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